

**Rhode Island Department of Business Regulation**  
Application for Medical Marijuana Cultivator License

Domenic Passarella  
Printed Name

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**

Part I: Ownership Structure						
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.						
Domenic Passarella	Member					App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	North Kingstown	RI	02852			
IDBP, LLC						
Adolfo Ionkoff	Member					App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Johnston	RI	02919		Phone Number	
IDBP, LLC						
Lucio D'Urso	Member					App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Johnston	RI	02919		Phone Number	
IDBP, LLC						
Antonio Barone	Member					App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cranston	RI	02910		Phone Number	
IDBP, LLC						
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	ZIP	Phone Number ( )		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		

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Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
None			



Authorized Signatory

11/25/2016

Date

Domenic Passarella  
 Printed Name